

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-04-2781.M5**

MDR Tracking Number: M5-04-0383-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10/02/03.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, prolonged office visits, office visit with manipulation, ultrasound, DME supplies, myofascial release, electrical stimulation, x-rays, hot and cold pack therapy and reports were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatments listed above were not found to be medically necessary, reimbursement for dates of service from 10/07/02 to 05/08/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30<sup>th</sup> day of December 2003.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division  
PNR/pnr

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by\_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_.

#### CLINICAL HISTORY

Based on available information, it appears that this patient reports a repetitive work injury to her upper extremities occurring on \_\_\_. The patient presents to her chiropractor, \_\_\_, who she is concurrently seeing for a previous injury of \_\_\_. The patient appears to be treated with manipulation and multiple passive modalities for bilateral carpal tunnel syndrome. She is referred for surgical consultation with \_\_\_, on 4/23/01. Manipulation, modalities and massage therapies appear to be continued until eventual decompression surgery on 6/9/01 with \_\_\_. Post surgical treatment is continued with \_\_\_ for approximately 29 sessions from 7/6/01 to 3/31/02 consisting essentially of passive treatments. Neurodiagnostic studies submitted 1/15/02 suggest mild bilateral CTS with possible C7 sensory deficits. Surgical re-evaluation is made with \_\_\_ on 3/2/02 suggesting that left upper extremity objective findings are essentially normal. The possibility of RSD is noted and pain clinic consultation is recommended for persisting symptoms. Repeat neurodiagnostic testing is obtained on 3/20/02 suggesting some mild median nerve deficits with no evidence of cervical radiculopathy, plexopathy or significant peripheral entrapment. Limited office notes submitted from \_\_\_ from 5/2/02 to 8/14/03 suggest that the patient continues to be seen for left CTS and cervical spine conditions. Supplemental chiropractic office notes are submitted from 2/21/01 to 1/9/03. As of 1/9/03, the patient's conditions are described as "worse" and she is continued with manipulation and electric stimulation. Chiropractic treatment appears to continue with manipulation, ultrasound, biofreeze, myofascial release, electric stimulation and bracing from 10/7/02 to 5/8/03. Subjective findings during this period appear to suggest that conditions remain either worse or unchanged with each treatment ongoing.

#### REQUESTED SERVICE(S)

Medical necessity for chiropractic services (office visits, prolonged office visits, office visit with manipulation, ultrasound, DME supplies, myofascial release, electrical stimulation, x-rays, hot and cold pack therapy and reports) for items in dispute for dates of service 10/7/02 through 5/8/03.

#### DECISION

Deny.

#### RATIONALE/BASIS FOR DECISION

Medical necessity for ongoing applications of chiropractic manipulation, office visits, prolonged office visits, office visit with manipulation, ultrasounds, DME supplies, myofascial release, electric stimulation, x-rays, hot and cold pack therapy and supplemental reports are not supported by available documentation or current standards of care. Generally accepted scientific data does not support the treatment level, duration and frequency for chiropractic care submitted from 10/7/02 to 5/8/03 for these conditions at this phase of care.

Findings from objective neurodiagnostic studies in addition to subsequent evaluations provided by attending surgeons and medical specialists.

Armstrong TJ, Chaffin DB: Carpal tunnel syndrome and selected personal attributes. J Occup Environ Med. 1979; 21:481-486.

Birkbeck MQ, Beer TC: Occupation in relation to the carpal tunnel syndrome. Rheumatol Rehab. 1975; 14:218-221.

Cannon LJ, Bernacki EJ, Walter SD. Personal and occupational factors associated with carpal tunnel syndrome. J Occup Med. 1981; 23:255-258.

Posch, JL. Marcotte DR. Carpal tunnel syndrome: an analysis of 1,201 cases. Orthop Rev. 1976; 5:25-35.

Hadler NM: Illness in the workplace: the challenge of musculoskeletal symptoms. J Hand Surg Am 10:451-456, 1985

Phalen GS. Neuropathy of the median nerve due to compression beneath the transverse carpal ligament. J Bone Joint Surg Am. 1950;32:109-112.

Phalen GS. The carpal tunnel syndrome. Seventeen years' experience in diagnosis and treatment of 654 hands. J Bone Joint Surg Am. 1966;48:211-228.

Phalen GS. The carpal tunnel syndrome. Clinical evaluation of 598 hands. Clin Orthop. 1972;83:29-40.

Hadler NM. Illness in the workplace: the challenge of musculoskeletal symptoms. J Hand Surg Am. 1985; 10:451-456.

Nathan PA, Meadows KD, Doyle LS. Occupation as a risk factor for impaired sensory conduction of the median nerve at the carpal tunnel. J Hand Surg Br. 1988;13:167-170.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request.

If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review.

This review and its findings are based solely on submitted materials. No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned claimant. These opinions rendered do not constitute a per se recommendation for specific claims or administrative functions to be made or enforced.